Professional Organizations’ Role in Supporting Physicians to Improve Value in Health Care

Leah Marcotte, MD
Department of Medicine, University of Washington, Seattle.

Christopher Moriates, MD
Department of Medicine, University of California at San Francisco.

Arnold Milstein, MD, MPH
Clinical Excellence Research Center, Stanford University School of Medicine, Stanford, California.

The Affordability Care Act (ACA) strives to encourage health care value by simultaneously improving quality of care and slowing the rate of increase of health care costs. Some of the law’s provisions, such as the Physician Value-Based Modifier (PVBM), will include financial incentives that directly affect individual clinicians, thus providing an external force for engaging physicians in efforts to improve health care value. Despite this looming mandate—PVBM will go in effect in 2015 for large physician groups and in 2017 for all physicians—some physicians may lack the tools and motivation necessary to improve the value of their individual care delivery. Notably, the current system does not compel high-value care. Not only is mitigating waste and judiciously ordering tests and referrals disincentivized in the fee-for-service system, doing so is more cognitively taxing and there is a perceived increased risk of legal repercussions.

Therefore, physicians will require adequate direction and dedicated specialty-specific support to successfully overcome considerable resistance to providing high-value care. Given the role of professional organizations as liaisons between physicians and policy, they are in a unique position to help physicians succeed in efforts to improve the value of health care.

Why Professional Organizations?

Many organizations are currently working to help implement health reform, including health systems, hospitals, independent practice associations, local physician groups, and national nongovernmental organizations. All of these organizations have important services to contribute to ultimately meet the goal of improving health care value, yet few have the breadth, clinical experience, and physician buy-in to effect this change on a national level. As a result, clinicians are left with an oft-fragmented array of resources without direction about which will be most useful to their practice. The network of professional organizations could potentially and effectively fill this gap and, in some ways, have already started doing so.

Professional organizations have historically been stewards of quality in medicine—setting and maintaining standards within specialties and marking practice expectations. These groups have the advantage of having established trust with physicians. Although membership in large general medical organizations such as the American Medical Association is not as substantial as it once was, specialty societies like the American College of Physicians (ACP), American College of Cardiology (ACCI), and American Academy of Family Physicians still experience relatively high participation. These may be the organizations with which most physicians identify and perhaps those for which broad-reaching initiatives might be most effective. In addition, professional organizations have added depth of understanding of their particular specialty. Professional organizations working toward a focused goal of improved value in health care will be able to provide many resources to their specific physician members with the benefits of offering a cohesive, targeted message that resonates with particular specialty groups.

The Role of Professional Organizations in Improving Value

Professional organizations could accelerate progress toward high-value care delivery by acting as conveners, providing critical clinician-level resources, creating specialty standards, and productively participating in regulatory processes. These activities may be strengthened by aligning with payment incentives such as the PVBM, both serving as a motivator to engage in high-value care and providing support for payment reform initiatives, increasing potential for success.

First, professional organizations can serve as conveners toward a common goal while advancing specialty-specific solutions. A flagship example is the American Board of Internal Medicine (ABIM) Foundation’s Choosing Wisely campaign, which has enlisted more than 60 societies across medical disciplines to identify common practices that may be overused in their own specialties. The experience of Choosing Wisely suggests that professional organizations may be powerful levers in continuing to message to clinicians distinct avenues to improve value in health care. During just the first 2 years, the Choosing Wisely campaign has reached more than 1 in 5 of all US physicians, and there is emerging evidence that the campaign leads to actual practice change; physicians who learn about unnecessary testing as a result of Choosing Wisely are more likely to reduce the number of times they recommend the testing. Linking the shared goals of payment reform and physician-driven initiatives to promote high-value care may help motivate wider participation among physicians of various specialties.

Specialty societies may effectively disseminate to their members useful resources aimed at delivering high-value care. As many different initiatives, programs, applications, and tools emerge from both the medical and public sectors, professional organizations could vet the most promising tools for their particular specialty. Professional organizations may also fill gaps by creating resources of their own. The ACP has created an entire high-value care platform that features clinical guidelines, public policy recommendations, and curricula, helping “physicians to provide the best [care].”

Corresponding Author: Leah Marcotte, MD, Department of Medicine, University of Washington, 619 24th Ave E, Seattle, WA 98112 (leahmar@uw.edu).

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possible care to their patients, [while] simultaneously reducing unnecessary costs to the healthcare system.

The American Society of Clinical Oncology has embraced the concept of “financial toxicity” of chemotherapeutics and has created a task force on value in cancer care. These types of efforts must be further developed, and this model of leadership could be adopted by other professional organizations across specialties in medicine. Resource selection and generation should specifically be linked with payment initiatives to encourage collaborative progress toward high-value care.

Organizations that include certifying boards could encourage even more action by holding their members accountable for high-value care. This has been pilot-tested in the Internal Medicine In-Training Examination. This examination is created and evaluated by the ACP and is used to prepare resident physicians for certifying board examinations. Several questions test high-value care principles, and each examinee is given a high-value care score as part of his or her evaluation. Expanding this material to certifying board examinations in all specialties, as well as Maintenance of Certification, will signal its importance to physicians and promote the teaching of high-value care during training. In addition, infusing high-value care into practice guidelines could further establish value considerations as practice norms. The American College of Radiology (ACR) launched its Appropriateness Criteria during the 1990s in an effort to define national guidelines for proper imaging usage. In 2013, the ACR Appropriateness Criteria addressed more than 197 clinical conditions with more than 900 variants, providing expert guidance for clinicians to weigh potential benefits and risks—including radiation and costs—when choosing imaging modalities for a given clinical scenario. More recently, the ACC and the American Heart Association announced they would also include cost-effectiveness in future guidelines.

In centralizing efforts to improve value in health care, professional organizations are well suited to engage actively and productively in the policy-making process. Rather than deterring or limiting regulations, professional organizations may instead collaborate with government agencies to influence successful policies that will promote high-value care.

Organizations advocating for and helping to shape effective value-based payment reform could significantly increase the likelihood of success. Setting a higher bar for the profession will truly show that physicians and their representative organizations will lead in nationally consequential efforts to improve the value of health care.

Conclusions

Professional organizations can take direct steps to support the needs of their specific members in the implementation of health care delivery reform. The impetus for change provided by the implementation of the ACA may create a vital opportunity, which should not be squandered, for professional organizations to collaboratively promote the advancement of high-value care delivery.

REFERENCEs

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